



PLAINSBORO TOWNSHIP POLICE
641 PLAINSBORO ROAD
PLAINSBORO, NEW JERSEY 08536
PHONE (609) 799-2333 • FAX (609) 275-9415



EAMON BLANCHARD
CHIEF OF POLICE
DIRECTOR OF PUBLIC SAFETY

OPERATION REASSURANCE APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

DATE OF BIRTH: _____ **MALE** **FEMALE**

NATURE OF MEDICAL PROBLEM(S), IF ANY: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S TELEPHONE #: _____

NAME OF NEXT OF KIN: _____

ADDRESS OF NEXT OF KIN: _____

TELEPHONE # OF NEXT OF KIN: _____

ARE YOU ALLERGIC TO ANY DRUGS OR MEDICATION? **YES** **NO**

IF "YES" TO ALLERGY TO MEDICATION, LIST ALL THAT APPLY: _____

DO YOU OWN ANY ANIMALS? **YES** **NO** **TYPE:** _____

NAME, ADDRESS, TELEPHONE NUMBER OF OWNER OF RESIDENCE IF OTHER THAN YOURSELF: _____

I hereby authorize the Plainsboro Township Police Department, its members, and/or its designee(s) to enter the premises above, after ALL REASONABLE MEANS of communication has been EXHAUSTED during the applicant's enlistment in OPERATION REASSURANCE. (This would only be done when the well being of the applicant definitely appears to be at stake.)

SIGNATURE: _____ **WITNESS:** _____

DATE: _____ **DATE:** _____

WITNESSED BY AN ADULT WHO IS PRESENT WHEN THE APPLICANT SIGNS THE APPLICATION FORM.